Better Care Workgroup

Tuesday, August 18th 2015 - 1:00 p.m. – 4:00 p.m.
West Virginia University Health Sciences Center - Charleston, West Virginia

MEETING SUMMARY NOTES

Today's Expected Results:

- Strengthen working relationships among workgroup members
- Develop an increased understanding of the state of obesity in West Virginia
- Gain a clear sense of and provide input on measurable outcomes related to obesity
- Provide recommendations for the design of a system that delivers coordinated care
- Identify next steps, materials and expertise needed for our next session; unresolved issues regarding obesity and the related system of coordinated care, as well as prepare for the September meeting's focus on tobacco

Co-Chairs: Arnie Hassen and Nancy Sullivan were on vacation. Lesley Cottrell and Anne Williams participated on their behalf.

Facilitator: Bruce Decker

Participants: 30 people - 24 in person and 6 electronically

TOPIC	OVERVIEW/DISCUSSION/DECISIONS
Welcome, Introductions and Opening Remarks	The second SIM Better Care Workgroup meeting opened with welcoming remarks. A handout with the Better Care Workgroup Charter was provided, as well as it being posted on the wall on flipchart paper. Joshua Austin, SIM Project Coordinator, was recognized for his role as liaison between all workgroups. The agenda with expected results for the meeting and ground rules were reviewed with workgroup members.
Recap of July Workgroup Meeting Results	Mr. Austin shared a PowerPoint presentation with the workgroup to highlight the workgroup summary report process and key themes from the initial SIM workgroup meetings held in July. Key results from all five workgroups were put into a SOAR Chart; one main point from each section was highlighted. **S**trengths: Engaged, well-connected health care stakeholders **O**pportunities: Adopting a value-based approach to health care payment at the federal level encourages / requires change(s) at the state level **A**spirations: Movement from a fatalistic attitude to one that places a high priority on health and wellness **R**esults: Standardize and align health care quality measures among all payors and providers
The State of Obesity in West Virginia	Jessica Wright from the DHHR Bureau for Public Health, Division of Health Promotion and Chronic Disease provided an informative PowerPoint presentation on the state of obesity in West Virginia. The presentation outlined the specifics of the obesity plan section of the State Health Improvement Plan. Q&A followed the presentation.
Launch Document - Proposal for Better Care: Small Group Discussion and Reports	In small groups, workgroup members discussed the Launch Document and a hypothetical vignette describing a proposal for a new health care delivery system in West Virginia. This exercise was guided by specific questions, and the small groups recorded their responses on flipchart paper. Small group discussion guidelines were provided to help direct workgroup interaction. The small groups provided a brief report to the whole workgroup. **The following answers provided are grouped into themes based on the small group discussion / output:** 1. What are the strengths of the elements / components in this proposal? • The Medical Neighborhood… ○ places a high-value on care coordination (statements continue on page 3)

	○ encourages increased communication between and among providers / team members ○ allows for better access to specialty providers ○ would be considered a value-based model option for the SIM grant ○ allows for shared data and increased HIT use / efficacy ○ can be localized (modified) to meet the needs of a given community ○ offers flexibility in its approach to care coordination ○ offers flexibility in its approach to paying for care ○ could be regionalized—that is, several, adaptable neighborhoods could serve a given catchment area. ○ could virtually coordinate care, allowing access to certain resources often unavailable to rural areas of the state • There is recognition that the health care delivery system contemplated under the SIM grant must be a coordinated system 2. What are the challenges of implementing the elements / components of this proposal? • Not all services considered under the Medical Neighborhood are available throughout the entire state (i.e., there are care gaps) • There is a question about who controls the care coordinator in a Medical Neighborhood (i.e., provider v. payor) • Knowing how to staff the Medical Neighborhood care team with appropriate team members • Getting agreement from payors to share in the costs of creating regional Medical Neighborhoods • Providers "buying in" to the Medical Neighborhood concept • Much of the success under a Medical Neighborhood will depend on the level of patient engagement and willingness to change • It is unclear how providers and payors will "share risk" in the Medical Neighborhood • Some services are left out of this Medical Neighborhood (i.e., motivational interviewing and behavioral change services, especially) • As the population of those receiving care coordination increases, the greater the chance that the care coordinator is ineffective (read as: could "drop the ball") • It is unclear who is incentivized under this model (i.e., the provider, the payor and / or the patient)

	• There might need to be a different approach used to allow for behavioral health interventions 3. What elements / components of this proposal would you strongly recommend that we keep? • Care coordination is key to the Medical Neighborhood • The number of services identified in the Medical Neighborhood are critical: these are primary care, behavioral health, oral health, pharmacy and care management • Integrations and connecting of behavioral health with medical care • Access to health improvement resources, such as diabetic educators • The ability to localize, or tailor, the Medical Neighborhood to a community • Shared responsibility of the patient among providers / team members • The emphasis on improved HIT and its role in enhancing health care delivery 4. What recommended changes would you suggest for a revised proposal? • Utilize community needs assessments from sources such as local health departments, critical access hospitals and family resource networks to identify common needs among a region • Identify common priorities from community needs assessments and pick a few commonalities and integrate those needs into the Medical Neighborhood • Establish a method for piloting / assessing programs that have either modified intervention(s) or are started from scratch • Adopt a regional approach rather than establishing a patient-centered medical home in each county • How care teams are staffed will depend on the way regions are separated and identified as delivery regions • Establish a set of required services that all care teams must offer, then give flexibility to add other types of services • A patient engagement / educational component is needed to inform them about what these care teams are and what they can do • Incorporation of social services to address social determinants of health, such as poverty • Emphasis on data sharing to encourage continuous improvement in the delivery system

	• Establish risk tiers based on how complicated the patient population is to manage through a Medical Neighborhood
Summary of Common Themes / Initial Consensus on Suggested Proposal Revisions	After the small groups reported to the whole workgroup, common / salient themes for questions 3 and 4 were identified by workgroup members. 3. What elements / components of this proposal would you strongly recommend that we keep? • Care Coordination • Value-based payments • Integration of primary care, behavioral health, oral health, etc. • Inclusion of incentives for change • Shared data and improved communications 4. What recommended changes would you suggest for a revised proposal? • Think more about holistic engagement • Looking beyond a medical model for solutions (e.g., Health In All Policies)
Next Steps, Action Items and Assignments	• **The SIM Better Care Workgroup will reconvene on Tuesday, September 15, from 1:00 p.m. – 4:00 p.m. at the West Virginia University Health Science Center in Charleston, West Virginia.**
Parking Lot	None

Group Checkout (Verbatim Responses)

What worked well today?	*What would you change for the next meeting?*
• Group makeup • Phone participant involvement much improved • Good representation from multiple groups • Efficient meeting • Really good discussion • Interactive discussion • Good participation • Well-designed agenda • Small group work • Good location • Discussion • Presentation on obesity • Proposal for Better Care • Everyone on a similar page • Vignette was helpful • Collaboration with providers from all disciplines • Break-out groups • Networking • Presentation on obesity • Facilitation was good • Focused group discussion • Open minded thinking in general • Stayed on task. Thank you! • Lots of good discussion • Exchange of ideas • Felt like this was more focused and productive discussion	• Put diverse people at each table • Slight disconnect obesity with work activity • Just make sure we keep it practical – we're here to do a better job of helping people with health needs. Sometimes we just get a little enamored with our knowledge and vocabularies • More specific proposal to react to • Inventory of current assessments • More time in advance to review launch document • Vignette was initially perceived to be a way to "paint the box for us" • More preparation for discussions • Mix up discussion groups more • Teasing out of group consensus items for purpose of future efforts • No suggestions for change this time • Summaries by reporters are a bit disjointed and difficult to follow • The topic "obesity" was not discussed in the detail I expected. It was a sideline to the model • Better chance to know the roles of each participant • Need joint discussion of HIT / Medical Neighborhood

• The handouts were helpful in getting all started in same direction • Group discussions are interesting • Liked the focused questions and case example • Nice, respectful learning environment • Structure of session • Good discussion on multiple aspects of system change needed	

Suggested Ideas for Additional Workgroup Members

- Include / recruit / personal calls to Medicaid representatives
- Extension agents (identified by two people)